

The Years of Silence Are Past

My Father's Life with Bipolar Disorder

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Introduction

Images of my father:

(1) Athletic, intelligent boy in a religious, high-achieving family of six brothers, coping with the loss of his mother at age three and with the Great Depression during his late childhood and early adolescence, through academic and athletic attainment and his devout religious faith . . . versus a sixteen-year-old adolescent, jumping from the porch roof in a delusional attempt to stop fascism, then housed in a county psychiatric hospital ward for half a year, tied to his bed, nearly starving himself for fear of being poisoned.

(2) Acclaimed young scholar, educated at Stanford and Princeton, interacting with the leading minds of the century, in an ascendant career as a philosopher . . . versus a frightened man in his thirties, staring out the front window at home following psychiatric hospitalizations and electroshock treatments, asking his wife to help him remember the names of his neighbors.

(3) Husband and father, professor, singer in the church choir, gentle discloser of his life story to his son . . . versus a frail, anxious, sometimes bewildered septuagenarian, rigid with Parkinson-like illness yet still grateful for the richness of his life.

Such contrasts are clearly bipolar, signifying the presence of opposites, of extremes. Even now, I wonder about how they could

have occurred in the same person. “Bipolar” rating scales are those that include opposing poles of the quality being described, for example, “Rate this family from overly involved to overly distant” or “this film from unwatchable to one of the year’s best.” My father’s history epitomizes a wide bipolarity of functioning throughout his life.

Indeed, the mental disorder from which he suffered is known as bipolar disorder. Formerly called manic-depressive illness, this condition is marked by recurrent episodes of extreme moods, ranging from flat, empty depressions to elated, expansive, and ultimately chaotic manias. In other words, from despair to madness, often with recovery to normal functioning in between. As his story indicates, however, the bipolar contrasts in afflicted individuals far transcend mood states, permeating nearly every aspect of their lives.

Coming to terms with such bipolarities is a source of major struggle for the person suffering from such major mental disorder. How does one maintain a sense of self, or any semblance of stability, while weathering these switches, which can involve grandiose self-absorption, utter lack of judgment, regrettable acts, and suicidal thoughts and behaviors?

Related bipolarities also reverberate through the lives of those close to the person with manic-depressive illness. Family members must cope with not only the sufferer’s swings of mood but also the guilt, shame, and even terror that the episodes create for their own lives. Friends may understandably wonder what on earth is happening, given the extremes of emotion and behavior they are witnessing. Workmates, fellow students, and other personal contacts may feel perplexed, mystified, and even enraged at the sudden shifts in mood and behavior.

As my father’s son, I have experienced a number of bipolarities throughout my life. Some of these seem ingrained in my personality, reflecting a certain temperament: an energy and drive, along with a particular tendency toward sadness – traces, perhaps,

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of my father's genetic legacy. Yet other bipolarities appear to emanate more from the years of silence about my father's condition that I experienced as a child, coupled with my gradual learning about his life as I matured. They play themselves out in questions that I have long asked: Should I express my fears or stay in control? Are my own accomplishments adequate, or can I really ever measure up to my father's potential? Is the family tree blessed or cursed?

Coming to terms with such bipolarities is a key reason for writing this book.

It is a landmark time for the entire field of mental health. Research funding is increasing. Scientific understanding of fundamental brain processes is advancing at a staggering rate.¹ Real advances in the treatment of serious mental disorder are emerging. And most important of all, societal views and conceptions of mental illness may finally be changing. With gathering force, mental disorders are “coming out of the closet” in terms of public recognition, open discussion, policy change, and personal disclosure.² Both in the United States and internationally, momentum is building.

First, the highest levels of government in the United States have officially recognized the impact of mental disorder. In June 1999, President Bill Clinton and Tipper Gore sponsored the first-ever White House Conference on Mental Health. In December of that same year, the Surgeon General, David Satcher, M.D., released the first report on mental disorders ever to emanate from that office.³ Both the White House Conference and the Surgeon General's Report gave testimony to the huge numbers of individuals and families afflicted with mental disorder, the lack of adequate diagnosis and treatment for a distressingly large proportion of such persons, the need for continued advances in research on causes and

interventions, the shame and stigmatization that too often attend mental illness even today, and the types of policy change that are necessary to remedy current inadequacies and inequities. Indeed, mental disorders are now recognized to rival the major physical diseases (cancer, heart disease, infectious diseases) as the leading causes of economic, physical, and psychological burden worldwide.⁴

Second, media awareness is surging. For instance, in this country the National Mental Health Awareness Campaign has produced poignant, youth-oriented media “spots” about eating disorders, depression, and suicide, which have aired on MTV and major networks.⁵ As an example of international efforts, the Royal College of Psychiatrists in the United Kingdom has initiated a five-year campaign to reduce the stigma and prejudice that surround mental disorder, through a program entitled “Changing Minds: Every Family in the Land.” Included in this effort are eye-catching websites and brochures, with realistic and pointed information on the effects of mental disorder.⁶ In addition, television and cinema are depicting mental disorder with greater reality and unprecedented sympathy: Witness *A Beautiful Mind* with Russell Crowe, which appeared as a major motion picture late in 2001 and which recently garnered the Academy Award for best picture.

Third, changes in policy are appearing. Federal laws in the United States have begun to insist on “parity,” whereby mental disorders receive the same access to care and funding for treatment as do physical illnesses. Enforcement of recent statutes is not yet consistent, and more potent legislation regarding parity has recently been rejected by the U.S. Congress,⁷ but a start has been made.

Fourth, publication of personal and family accounts of mental disorder is increasing rapidly. A sizable bibliography now exists.⁸ Most of these accounts are biographical or

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autobiographical narratives, but books and articles about the experiences of family members are also emerging.⁹ In addition, Wahl's large-scale national questionnaire survey, which included detailed interviews of a selected subgroup of the participants, has yielded both quantitative and qualitative information about the enormous problems that mentally disordered individuals still face in terms of discrimination, scapegoating, and stigma.¹⁰ Overall, although gaining a job or obtaining health insurance may be threatened when one discloses a history of mental illness, it is no longer as rare, daring, or unacceptable as it used to be to disclose personal or familial experiences with serious mental disorder.

Real questions therefore emerge: Is there any room for another family account? What more might be gained from an additional story? After asking myself these questions repeatedly, I have concluded that my father's story is indeed worth telling. For one thing, the progress noted above in terms of political recognition, media awareness, and policy change is still incomplete. For example, stereotypes still abound, and parity is not yet a reality. Even more, my reasons are intensely personal. Hearing my father recount his story to me profoundly changed and deepened my own life, undoubtedly influencing my choice of career as a clinical psychologist and professor. My understanding of his story has also brought me closer to answering lingering questions that I have asked myself for many years: Why did my father disappear, from time to time, without explanation? Was he sane? How did he come back from the devastation he experienced? Why do so many relatives seem to have mental illnesses as well? How did my family cope when I was a child – and might there be more open and disclosing ways of doing so? Why, in fact, do so few people ever seem to want to talk about mental illness, beyond jokes, cruelty, or redirection of the topic? And most fundamentally, how much

must I fear losing control myself – control over my mental functions, my life, my stability? Given the strong personal and professional investment I have in such questions, I attempt to provide at least some answers in this book.

I also believe that my father's story contains important, even universal messages about the experience and consequences of mental disorder. As personal as the story is to me and my family, the clear and depressing fact is that millions of individuals and families experience the isolation, confusion, hopelessness, and destructiveness of serious mental illness. The more that such issues are talked about openly, the better, because the cloak of secrecy and shame that still surrounds these problems may come to be replaced by openness and compassion. For that reason alone, the story is worth telling.

Also, despite the grim realities of many aspects of my father's personal history, including the shortcomings of the mental health profession in recognizing and dealing with his condition, I believe that his story is ultimately a positive one. From my perspective, his life illustrates the essential point that devastating and even debilitating life experiences can yield strength, gentleness, and resilience. Too often, mental illness is portrayed as both entirely irrational and completely dominating of the afflicted person's life. This perspective, however, neglects the reality that mental illness is a major part of the human condition, showing its effects in nearly every extended family on the planet, and that it can prompt courage and strength as well as devastation and hopelessness, often in unexpected ways.

In the latter portions of my narrative account, I discuss key clinical and scientific themes raised by my father's life story. These include the complex array of causal factors that generate serious mental disorder, the struggle for the individual to maintain a coherent self-concept throughout chaotic episodes of disturbance, and the interplay of inner and outer worlds

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(i.e., of psychological plus societal forces) in mental disturbance. I hope that these topics come to life in the context of my father's vivid life history.

At the outset, I must emphasize that there is tremendous variation among individuals who suffer from bipolar disorder or from any other category of mental affliction. The uniqueness of my father's life means that there are many aspects of mental disorder that are not contained in these pages. Indeed, his episodes tended to feature the manic "pole" of bipolar disorder, with less clearly demarcated (though still real) depressive episodes. Life, however, does not imitate textbooks, and my father's story contains both unique and universal elements. My hope is that the issues I raise are of interest to persons who suffer from mental disorder, to their family members, to scientists and clinicians in the field – especially those in training – and to large segments of the general public.

Because my own perspectives are closely intertwined with my father's story, I also describe some of my own experiences and reactions as a son. That is, I convey several of the roles I played in his life: listener, confidant, and, in later years, caretaker-at-a distance. I also recount my own early memories of my father, my mystification for many years about his absences, some important milestones that I encountered as I matured and learned of his story, and the lasting impact that his disclosures and life story have had on me. I also describe some of the struggles I encountered as a young adult, related as they were to my growing understanding of his condition and history. Yet I aim to keep my father as the main focus, hoping that my personal perspectives can help to reveal him more clearly.

Most of the major material for this narrative emanates from discussions that my father and I had over a period of twenty-five years, beginning in my first year of college, when I began to return to the family home for holidays. I also incorporate

excerpts from his handwritten notes and typed autobiographical material, most of which he wrote in the last two decades of his life. The narrative also incorporates verbal accounts from family members, chiefly my mother and several of my fathers' brothers and colleagues. I also utilize excerpts from letters written by my father, my paternal grandfather, and other relatives, letters that have been saved in family files for many years.

My mother's perspective is crucial to my father's story, but I have tried to respect her understandable desire for privacy. Living with a partner or spouse with serious mental disorder can be confounding, exhausting, and even terrifying, especially when secrecy, shame, and lack of professional assistance are the norm, as was the case throughout much of my parents' lives. My mother was the foundation of the family for decades, as the following words make clear. Although there is another set of stories and issues about the rest of my family that I could recount, this work is primarily my father's story.

My father's description of his life to me, beginning when I entered college and unfolding throughout the rest of his days, uncovered a reality that surpassed anything I had ever encountered. Perhaps my perspective is self-centered, but I can't help but think that others will be affected by its "bipolar" content, alternately disturbing and moving, harrowing and transcendent, mundane and profound. Because of such factors as family silence early in my life, the potential stigma and shame of divulging the content in these pages, the real desire for privacy on the part of family members, and my struggle in blending my father's voice with my own, it has not been an easy story for me to try to convey. On the whole, however, I have found it exciting to portray the life experiences of my father and to document the challenges that lie ahead for those who live with and work with mental disorder. I still hold a strong desire that many of the events described in these pages had not happened,

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but silence is part of the denial and distancing about mental illness that I hope to overcome. I write with the hope that my father's experiences may help to educate, to inspire reflection and action, and to foster deeper understanding of both the painful and the resilient aspects of the human condition that relate to mental disorder.